



10-23-00

A

UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-6690
	First Inventor or Application No.	RODRIGUEZ ET AL.
	Title	MEDIA-ON-DEMAND FILING AND REMINDER SYSTEM
	Express Mail Label No.	EL687172966US

jc914 U.S. PTO
09/693784
10/20/00

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>20</u>] 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>21</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) (UNEXEMPTED) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231 5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies																
ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:																	
16. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/590,488 Prior application information: Examiner: UNKNOWN Group Art Unit: 2755																	
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td></td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td>Fax</td> <td></td> </tr> </table>		Name				Address				City		Zip Code		Country		Fax	
Name																	
Address																	
City		Zip Code															
Country		Fax															

Name (Print/type)	HUBERT J. BARNHARDT III	Registration No. (Attorney/Agent)	36,739
Signature		Date	OCTOBER 19, 2000

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.

DOCKET NO.: A-6690

TITLE: MEDIA-ON-DEMAND FILING AND REMINDER SYSTEM

OCTOBER 19, 2000

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	5	3	2	\$ 80.00	\$160.00
Total Claims	47	20	27	\$ 18.00	\$486.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$1356.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Department
One Technology Parkway
Norcross, GA 30092-2967

By:



HUBERT J. BARNHARDT III
Attorney of Record
Reg. No.: 36,739
Phone: (770) 236-5950
Fax No.: (770) 903-4806

Certificate of Mailing

EXPRESS MAIL NO.: EL687172966US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

on OCTOBER 19, 2000.


Marcia Burdick